

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

RECEIVED Date Stamp 2006 JUN 15 PM 2:55 CITY CL. CITY OF LODI	CALIFORNIA FORM <b>501</b>
	For Official Use Only
	2006 JUN 15 PM 2:55 CITY CL. CITY OF LODI

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Stephen Jarrett	( 209 ) 329-7133	( )	stephenjarrett@sbcglobal.net
STREET ADDRESS	CITY	STATE	ZIP CODE
844 Virginia Ave	Lodi	Ca	95242
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN
Council Member	City of Lodi		PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.)			
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____			
		2006	
		(Name of Multi-County Jurisdiction)	(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2006 Primary/general election Special/runoff election  
(Year of Election) (Year of Election)

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/15/06  
(month, day, year)

Signature \_\_\_\_\_  
(Candidate)